

**UBIT-ES** Massachusetts  
Dept. of Revenue **Nonprofit Corp. Estimated Tax Payment — 2006 Voucher 1**

For calendar year 2006 or other taxable year beginning in 2006

Federal Identification number	DOF use only	Taxable year	Due date			
Name of corporation						
Street address				c. Estimated tax for the year ending: MONTH / DAY / YEAR      \$ 1. Amount of this installment (.65 times estimated tax). (New corporations see note below*)      \$		
City/Town		State	Zip			
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts</b> Mail to: <b>Massachusetts Department of Revenue</b> <b>PO Box 7067, Boston, MA 02204</b>		Check appropriate box: <input type="checkbox"/> Nonprofit corporation <input type="checkbox"/> Other _____		2. Amount due with this installment.      \$ <small>*New corporations in their first full taxable year with less than 10 employees have lower percentages: 55/25/20% and 80/20%.</small>		

**UBIT-ES** Massachusetts  
Dept. of Revenue **Nonprofit Corp. Estimated Tax Payment — 2006 Voucher 2**

For calendar year 2006 or other taxable year beginning in 2006

Federal Identification number	DOF use only	Taxable year	Due date			
Name of corporation				c. Estimated tax for the year ending: MONTH / DAY / YEAR      \$ 1. Amount of this installment (.25 times estimated tax). (New corporations see note below*)      \$		
Street address						
City/Town	State	Zip				
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts</b> Mail to: <b>Massachusetts Department of Revenue</b> <b>PO Box 7067, Boston, MA 02204</b>		Check appropriate box: <input type="checkbox"/> Nonprofit corp. (xxxx) <input type="checkbox"/> Other _____	2. Amount due with this installment.      \$ <small>*Corporations in their first full taxable year with less than 10 employees have lower percentages: 80/20%.</small>			

**UBIT-ES** Massachusetts  
Dept. of Revenue **Nonprofit Corp. Estimated Tax Payment — 2006 Voucher 3**

For calendar year 2006 or other taxable year beginning in 2006

Federal Identification number	DOF use only	Taxable year	Due date			
Name of corporation						
Street address				c. Estimated tax for the year ending: MONTH / DAY / YEAR		\$
City/Town		State	Zip	1. Amount of this installment (.10 times estimated tax).		\$
Return this voucher with check or money order payable to: <b>Commonwealth of Massachusetts</b> Mail to: <b>Massachusetts Department of Revenue</b> <b>PO Box 7067, Boston, MA 02204</b>		Check appropriate box: <input type="checkbox"/> Nonprofit corp. (xxxx) <input type="checkbox"/> Other _____		2. Amount due with this installment.		\$